

UNITED STATES DISTRICT COURT

Boston

District of

Massachusetts

2004 NOV 18 P 3:41

Joseph Marion Heas

Plaintiff

APPLICATION TO PROCEED  
WITHOUT PREPAYMENT OF  
FEES AND AFFIDAVIT

U.S.A., N.C., v. David L. Winn,  
Unknown Parties

CASE NUMBER:

Defendant

I, Joseph Marion Heas declare that I am the (check appropriate box)  
☒ petitioner/plaintiff/movant ☒ other Appellant

in the above-entitled proceeding; that in support of my request to proceed without prepayment of fees or costs under 28 USC §1915 I declare that I am unable to pay the costs of these proceedings and that I am entitled to the relief sought in the complaint/petition/motion.

In support of this application, I answer the following questions under penalty of perjury:

1. Are you currently incarcerated? ☒ Yes ☐ No (If "No," go to Part 2)

If "Yes," state the place of your incarceration F. M. C. Devens

Are you employed at the institution? YES Do you receive any payment from the YES

Attach a ledger sheet from the institution(s) of your incarceration showing at least the past six months' transactions.

2. Are you currently employed? ☒ Yes ☐ No

a. If the answer is "Yes," state the amount of your take-home salary or wages and pay period and give the name and address of your employer. F. M. C. Devens Ed. Dept.

Amount about \$20.00 per month

b. If the answer is "No," state the date of your last employment, the amount of your take-home salary or wages and pay period and the name and address of your last employer.

3. In the past 12 twelve months have you received any money from any of the following sources?

- |                                                   |                                         |                                        |
|---------------------------------------------------|-----------------------------------------|----------------------------------------|
| a. Business, profession or other self-employment  | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No |
| b. Rent payments, interest or dividends           | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No |
| c. Pensions, annuities or life insurance payments | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No |
| d. Disability or workers compensation payments    | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No |
| e. Gifts or inheritances                          | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No            |
| f. Any other sources                              | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No            |

If the answer to any of the above is "Yes," describe, on the following page, each source of money and state the amount received and what you expect you will continue to receive.

AO 240 Reverse (Rev. 10/03)

Gifts From A Brother - Amount N/A  
 Institutional Job. F.M.C. Devens Ed. Dept.  
 About \$20.00 per month

4. Do you have any cash or checking or savings accounts? ☒ Yes ☐ No

If "Yes," state the total amount.

\$53

5. Do you own any real estate, stocks, bonds, securities, other financial instruments, automobiles or any other thing of value? ☐ Yes ☒ No

ct. denied relief

If "Yes," describe the property and state its value.

6. List the persons who are dependent on you for support, state your relationship to each person and indicate how much you contribute to their support.

None

I declare under penalty of perjury that the above information is true and correct.

11-17-04 Joseph Marion Head 17549-056  
 Date Signature of Applicant

**NOTICE TO PRISONER:** A Prisoner seeking to proceed without prepayment of fees shall submit an affidavit stating all assets. In addition, a prisoner must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement of each account.

## STATEMENT OF INDIGENCY

### Request To Waiver Or Defer Payments

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U.S. DISTRICT COURT  
DISTRICT OF MASS.

I do hereby swear, under penalty of perjury, that the following information is true and correct.

I, Joseph Marion Head, do assert that my income prevents me from paying any fees while incarcerated due to the fact that I only earn \$20.00 About per month at my current work assignment.

By my not being able to afford to pay any unreasonable payments, it adversely affects my ability to research information which could help with any appeal or liberty interest. Any other payments that may have been made in the past have been made with the assistance of family members who cannot afford to help with, nor is it their responsibility to do so.

In the event a full waiver of payments is not feasible, I would agree to, and fully intend to, pay the fees required. However, I would request a deferment of such payments until such time as I am on Supervised Release, at which time I will have an opportunity to obtain meaningful and gainful employment.

Respectfully submitted this 17 day of Nov, 2004.

Name: Joseph Marion Head

Number: 17549-056

F.M.C. Devens, Unit: N-2 all 219

P.O. Box 879

Ayer, MA 01432